

2014-3192

PRINTED: 01/22/2019
FORM APPROVED

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/14/2014
NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST KIRKLAND, WA 98034			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
L 000	INITIAL COMMENTS This State psychiatric hospital complaint investigation onsite survey was conducted by Mary Wood, MN, BSN, RN on May 14, 2014. Additional information was obtained at a later date from a second hospital. Shell # 83BH11	L 000			
L1040	322-170.1C TRANSFER PATIENTS WAC 246-322-170 Patient Care Services. (1) The licensee shall: (c) Provide appropriate transfer and acceptance of a patient needing medical care services not provided by the hospital, by: (i) Transferring relevant data with the patient; (ii) Obtaining written or verbal approval by the receiving facility prior to transfer; and (iii) Immediately notifying the patient's family. This Washington Administrative Code is not met as evidenced by: Based on interview and review of medical records, it was determined that the hospital failed to provide a timely transfer of a patient needing medical care services not provided by Fairfax Behavioral Health hospital. The hospital's failure to do so resulted in Patient #1 becoming critically ill before her/his declining medical status was recognized and the patient transferred to the appropriate care setting. Shell # 83BH11 Based on interview and review of medical records, it was determined that the hospital failed to provide a timely transfer of a patient needing medical care services not provided by Fairfax Behavioral Health hospital. The hospital's failure	L1040			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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83BH11

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L1040	<p>Continued From page 1</p> <p>to do so resulted in Patient #1 becoming critically ill before her/his declining medical status was recognized and the patient transferred to the appropriate care setting.</p> <p>Findings include:</p> <p>A written complaint stated that Patient #1 was sent from Fairfax Behavioral Health hospital to Evergreen Medical Center and had been "very sick".</p> <p>Fairfax Behavioral Health Hospital documentation Patient #1 was admitted to the hospital on March 13, 2014.</p> <p>On March 15, 2014, nursing staff documented that the patient's lung sounds were "WNL" [within normal limits].</p> <p>On March 16, 2014, no documentation was found regarding the patient's lung sounds.</p> <p>On March 17, 2014, nursing documented that the patient had edema [fluid retention in the tissues] and the "lungs are clear".</p> <p>Documentation by the nurse practitioner March 17, 2014, stated that the patient's lungs were clear to auscultation bilaterally [no concerning sounds were heard in either lung].</p> <p>March 18, 2014, no documentation was found regarding the patient's lung sounds.</p> <p>On March 19, 2014, at 2310 [11:10 PM], nursing staff documented that the patient had SOC [shortness of breath] and the patient's lungs were "clear upon auscultation". The patient was medicated for anxiety and agitation.</p> <p>On March 20, 2014, at 0130 [1:30 AM] the nursing staff documented that the patient was found "...to be having difficulty breathing while asleep. Resp. rate at 44. Pt. using accessory muscles to breath [sic] and audible wheezes noted...B/L [bilateral, or both sides] coarse lungs [sic] noted in bases B/L. ARNP notified.." Nursing documentation stated that at 0400 [4 AM] the patient was transported via ambulance to</p>	L1040			

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L1040	<p>Continued From page 3</p> <p>...having green sputum over the last couple of days and feeling rundown... ...we elected to put [her/him] in the intensive care unit for further monitoring..."</p> <p>Review of medical records from Fairfax Behavioral Health hospital and Evergreen Medical Center revealed that the patient had experienced a significant change in condition between the time s/he was admitted to Fairfax and eventually discharged to Evergreen. At Evergreen, the patient was determined to be critically ill and was directly admitted to the Critical Care Unit.</p> <p>The failure of the Fairfax Behavioral Health nursing staff to adequately assess Patient #1, to <i>understand the significance of their assessment</i> findings, and to intervene in a timely manner, was discussed with the CNO.</p>	L1040			

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L1040	<p>Continued From page 2</p> <p>Evergreen Medical Center.</p> <p>During the onsite investigation survey on May 14, 2014, Fairfax Behavioral Health hospital staff was asked to provide documentation of the physical status of Patient #1 at the time of her/his transfer to Evergreen Medical Center. The hospital provided an incident report dated March 20, 2014, which stated that the patient had had a change of condition, but the incident report was not explanatory about the condition change</p> <p>Evergreen Medical Center documentation</p> <p>The Emergency Department (ED) physician admission assessment, dated March 20, 2014, stated the following:</p> <p>"Patient came over from Fairfax this evening. Fairfax reported around midnight, he was having increased shortness of breath and decreased mental status. They called the Emergency Room around 2:30 TO 2:45 to tell us of the transfer. The patient did not arrive in the Emergency Department until after 4:15. at that time the patient was found to be tachypneic [very fast respirations] to 35 with diffuse wheezing and not answering questions, but would be aroused to voice or name...over the last several days [s/he] has been having a cough productive of green sputum...</p> <p>...the patient was in acute respiratory distress. [S/he] would not speak or answer questions initially...even, labored, using [her/his] intercostals [muscles between the ribs] with diffuse wheezing...bilateral pitting edema [excess fluid in the body tissues] in [her/his] lower extremities...</p> <p>When the patient arrived in the Emergency Department, [s/he] arrived via EMS, he was breathing rapidly and could not answer any questions. [S/he] was diffusely wheezy. [S/he] had pitting edema...patient could be in CHF [congestive heart failure] versus COPD [chronic obstructive pulmonary disease] exacerbation...</p>	L1040			

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